The Secretary
Reserve Bank Health Society Limited
2-12 Young Street,
WOLLONGONG NSW 2500

ANNUAL CONFLICT OF INTEREST DECLARATION

I, , solemnly declare the following is true and correct the best of my knowledge.

Please answer Yes or No to each question and provide comments where applicable.

Questions	Answers
1. Do you have any actual, potential or perceived conflicts of interest that may affect your ability to perform your duties as a Responsible Person?	
Comments:	
2. Are you aware of any material risks that need to be disclosed to the Board or management?	
Comments:	
3. Are you aware of any non-material risks that should be disclosed to the Board or management?	
Comments:	

4. If you have an actual, potential or perceived conflict of interest, do you agree to disclose and manage the conflict in accordance with the RBHS' Conflict of Interest procedures?	
Comments:	
5. Do you ordinarily reside in Australia?	
Comments:	

Name:

Signed:

Date: